

Exhibit D-1

FORM 1

REPRESENTATIVE CLAIMANT OF DECEASED DIGITEK USER					
A. DIGITEK USER (All Claimants complete this Section)					
Name	First	MI	Last		
SSN			Claimant Number		
Date of Birth	____/____/_____ (month) (day) (year)	Date of Death	____/____/_____ (month) (day) (year)	Was death caused by Digitek use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State/Territory/Country of Domicile of Digitek User Claimant at Time of Death					
Spouse of the Digitek User	Was the Digitek User Claimant survived by a spouse at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the following information on the surviving spouse:				
	Name	First	MI	Last	
	SSN			Is the Spouse now deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Valid Will (select One)	<input type="checkbox"/> Yes, the Digitek User had a valid Will at the time of death, a copy of which is attached. NOTE: Skip Section C of this form, complete Section B.				
	<input type="checkbox"/> No, the Digitek User did not have a valid Will at the time of death. NOTE: Skip Section B of this Form, complete Section C.				
B. TESTATE DIGITEK USER (Testate Claimants complete this Section)					
Name of Personal Representative, Administrator, or Executor	First	MI	Last		
Address	Street/P.O. Box				
	City			State	Zip
Relationship to Digitek User	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other _____ (Specify)				
Status of the Will	<input type="checkbox"/> This Will was submitted for probate proceedings. NOTE: If a Personal Representative, Administrator, or Executor has been appointed, submit a copy of such appointment document along with this Form.				
	<input type="checkbox"/> This Will has not been submitted for probate proceedings.				

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C. INTESTATE DIGITEK USER (Intestate Claimants complete this Section)			
Personal Representative	<input type="checkbox"/> A Personal Representative has been appointed for the estate of the Digitek User. NOTE: If a Personal Representative has been appointed, submit a copy of such appointment document along with this Form. <input type="checkbox"/> Estate proceedings have been filed but no Personal Representative has been appointed for the estate of the Digitek User. <input type="checkbox"/> No Personal Representative has been appointed for the estate of the Digitek User and no estate proceedings have been filed.		
Identify the State, Territory, or Country whose Laws of Intestate Succession apply to the Estate of the Digitek User:			
If there was no surviving spouse at the time of the Digitek User's death, or if under applicable law the surviving spouse is not the first to succeed to the estate, identify the person(s) who are the next to succeed. (Attach additional sheets if necessary):			
Name	First	MI	Last
SSN		Date of Birth	____/____/____ <small>(month) (day) (year)</small>
Relationship to Digitek User Claimant	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other ____ (Specify)		
D. CERTIFICATION (All Claimants complete this Section)			
<input type="checkbox"/> I am counsel for the Digitek User. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.			
<input type="checkbox"/> The Digitek User is not represented by counsel. I am authorized to complete this form on behalf of the Digitek User and declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.			
Signature			Date
Name	First	MI	Last
Address	Street/P.O. Box		
	City	State	Zip